

**CITY OF TOPEKA  
214 SE 8<sup>th</sup> Avenue  
Topeka, Kansas 66603  
785/368-3776  
FAX 785/368-2468**

**Karan M. Thadani, Administrative Municipal Court Judge**

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**WITNESS SUBPOENA REQUEST**

All information must be filled in completely in order for your witness to be subpoenaed for your court case.  
**Please write legibly.**

**THIS INFORMATION MUST BE RECEIVED BY THE COURT CLERK'S OFFICE NO LATER THAN 14  
CALENDAR DAYS PRIOR TO THE TRIAL DATE!**

**Defendant's Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Next Scheduled Trial Date/Time:** \_\_\_\_\_ at \_\_\_\_\_

**Subpoena served by: Defendant \_\_\_\_\_ Municipal Court \_\_\_\_\_**

**Witness' Full Name:** \_\_\_\_\_

**Witness' Date of Birth (if known):** \_\_\_\_\_

**Current Address:** Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone Number (if known):** \_\_\_\_\_

**Place of Employment (if known):** \_\_\_\_\_

**Employer's Telephone Number (if known):** \_\_\_\_\_

**If you have more than one witness, please fill out a request for each witness.**

**Date:** \_\_\_\_\_